



Youth Homicide Racial Disparities—Search for Successful Programs

I recently finished reading the article, "Youth Homicide Racial Disparities: Gender, Years, and Cause," which appeared in the April issue (*J Natl Med Assoc.* 2004;96:558–566). I find it very disturbing that African-American men continue to kill one another at such an alarming rate.

Currently, I am a 31-year-old African American male and was born and raised in the city of Philadelphia. Many of the friends I grew up with committed crimes and, unfortunately, some either committed homicide or were victims of it. A friend of mine is serving a life sentence for committing murder in 1991 when he was just 17 years old.

The article itself was well researched, and even though the authors focused on New Jersey (in comparison with the United States as a whole), I believe that the statistics would ring true in most heavily populated urban areas. But what can be done to eliminate the violence and homicide amongst young African-American males in the United States? Is the answer providing better educational opportunities and building more schools instead of prisons? Holding firearm manufacturers responsible for the violence that their products cause?

Addressing the ever-dissolving family structure? Tougher illegal drug trade laws? Establishing after-school mentoring programs between working professionals and inner-city youth? I think that the authors should research the programs that have been introduced to address the violence and homicide. Maybe they could uncover exactly what programs have been successful at curbing the violence.

Vincent Willoughby
Senior Manager of
Business Affairs
Department of Pediatrics
Temple University
phone: (215) 707-6692
fax: (215) 707-6629
willouv@tuhs.temple.edu

Response from JNMA Editor in Chief: This excellent article by Najem et. al. documented an ongoing and disturbing trend among our African-American youth, which cries out for national attention. The "Letter to the Editor" by Mr. Willoughby provides a macabre personal experience in this abyss and prescribes solutions in the form of a series of questions, culminating in a recommendation that a list of programs that have been successful in curbing this violence be uncovered and perhaps replicated across the country. To his list should be added meaningful job opportunities for our youth. Unfortunately, most programs designed to correct the behavior patterns that lead to this violence have not been successful, including the New Jersey Prison Project and the Southern California "Boot Camp" project. This is indeed a national problem and will require the full resources and undivided attention of many governmental agencies, including the NIH, CDC, and HHS; business and industry; political and religious leaders; the black leadership forum in all of its manifestations, including the NAACP, 100 Black

Men, Sigma Pi Phi, Congressional Black Caucus, NMA, NBA, concerned private philanthropies; and, ultimately, the black family unit (including the "village" concept so prominent in the "Motherland"). Manuscripts such as this published in the *Journal* will provide leaders and organizations with the data they need to pursue meaningful dialogue and change in Congress, industry, religious orders, and educational institutions across America.

Eddie Hoover, MD

Inter-Racial Blood Transfusion

To the Editor:

I am an anthropologist interested in the history of eugenics in relation to racial issues. As part of a wider project, I've been researching a controversy that arose in the late 1950s on the statistical risks of inter-racial blood transfusion and would like to locate information bearing on the issue or persons knowledgeable about it.

The controversy was set in motion by Dr. John Scudder who, as it happens, had been a friend and associate of Dr. Charles Drew (as described by Scudder himself and in Spencie Love's book on Drew). In a paper at the annual meetings of the American Association of Blood Banks in 1959, Scudder outlined an argument against blood transfusions between African Americans and whites based on the relative prevalence of Kidd-group blood factors. In evidence, he recounted a serious problem that had arisen in finding compatible blood during open-heart surgery on a white patient who had been sensitized against Kidd by a previous transfusion from a "Negro" donor. Scudder reasoned that to lessen the risk and cost in such cases, it might be just better to segregate

the blood supply rather than expand the standard ABO/Rh compatibility tests to include Kidd and other exotic factors.

The notion of segregating the blood supply came to the attention of the media and drew a lot of adverse comment. This included the then-president of the NMA, Dr. Edward Mazique, who was quoted in *The New York Times* in November 1959, arguing against Scudder. However, in 1960, your own journal published a paper by Scudder and an associate which again (among other things) outlined the difficulties supposedly caused by differences in prevalence of more exotic blood factors among the various "races." The irony of this is that Scudder had originally presented this paper at a Tuskegee gathering in honor of Drew, who had adam-

antly opposed segregating the blood supply during World War II.

Scudder's original blood banks paper was subsequently published in the racially oriented journal *Mankind Quarterly* and—though I detect no racism in Scudder himself—was then used by segregationists in defense of their cause (specifically in Carleton Putnam's infamous book *Race and Reason*). I suspect that it's no coincidence that, in the early '60s, the Georgia State Legislature passed a law banning inter-racial transfusions altogether.

What I'd like to ask is whether your journal from that period or your readers familiar with this episode can shed any further light on the issue—specifically:

1) Whether the Scudder blood

banks paper (or its *Mankind Quarterly* version) attracted any further comment from the NMA or those associated with it?

2) Whether there was any other action, in the South or elsewhere, during the 1950–60s period to segregate the blood supply on supposedly scientific hematological grounds?

Your help in this matter will be very much appreciated.

Michael G. Kenny
Professor of Anthropology
Department of Sociology &
Anthropology
Simon Fraser University
Burnaby, British Columbia,
Canada V5A 1S6
Michael_Kenny@sfu.ca

TEMPLE UNIVERSITY SCHOOL OF MEDICINE

offers opportunities for faculty in the following clinical specialties:

Anesthesiology: general, cardiac, OB, regional, and pain management; **Cardiology:** general, echocardiography, heart failure; **Emergency Medicine:** academic and clinical; **Internal Medicine** and its subspecialties; **Neurology; Neurosurgery; Orthopedic Surgery:** joint replacement/reconstruction, trauma, spine, hand, general; **Otolaryngology; Pathology:** anatomic, clinical; **Pediatrics:** gastroenterology, pulmonology, emergency, neurology, endocrinologist, neonatologist, general; **Physical Medicine and Rehabilitation; Psychiatry; Radiology; Surgery:** vascular/endovascular, cardiothoracic surgery, breast surgery, plastic surgery, oncology, trauma and critical care, pediatric general; **Urology.**

The School of Medicine consists of 6 basic science and 18 clinical departments, and a variety of multidisciplinary research programs and institutes. There are 720 medical students, 140 graduate students, 354 full time faculty and 1961 volunteer faculty. It is affiliated with Temple University Health System which provides 1534 licensed beds and, annually, 183,803 Emergency room visits, 472,143 ambulatory visits and performs 34,705 surgical procedures. To submit curriculum vitae or to request further information about a faculty position, please contact the Chairperson, Department of (specialty), Temple University School of Medicine, 3401 North Broad Street, Philadelphia, PA 19140. Please send CV's for Chairperson positions to M. Judith Russo, Administrative Director, Dean's Office, Temple University School of Medicine, 3420 North Broad Street, Philadelphia, PA 19140. Temple University is an affirmative action/equal opportunity employer and strongly encourages applications from women and minorities. Further information about Temple University School of Medicine is available at www.medschool.temple.edu

**"WHEN I HAVE AN
ASTHMA ATTACK
I FEEL LIKE A FISH
WITH NO WATER."**

—JESSE, AGE 5



ATTACK ASTHMA. ACT NOW.
1-866-NO-ATTACKS
WWW.NOATTACKS.ORG

SEPA

0008 1001